P01000014219

(Requestor's Name)		
. (Äddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

Division of Corporations
SUBJECT: NORTH END THURN RESTAURANTS INC. (Name of Corporation)
DOCUMENT NUMBER: P 0 7 5 0 0 0 1 4 21 9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
North END TAYAN RESTAURANTE, INC. (Name of Firm/Company)
8723 SE RETREAT DR. (Address)
HOBE SOUND F1 33455 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (772) 545- 4767 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Patrial Mer	M, hereby resign as PC	sident
	-γ σ·	(Title)
of North 8	e of Corporation) I talian	Rest.
P0700014219 (Document Number, if known)	, a corporation organized under the law	
FLORIDA	·	

(Signature of resigning officet/director

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314